

TJS

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

JOHN C. BERKERY, SR.,

Plaintiff,

vs.

PROFESSIONAL ACCOUNT SERVICES
INC.(PASI) (of Tennessee);, Community
Health Investment Company, LLC;,
CHS/Community Health Systems, Inc.;
Community Health Systems, Inc

Defendants.

Case No.: 2:16- **16** **0803**

JURY DEMAND

CIVIL COMPLAINT AND DEMAND FOR JURY TRIAL

Plaintiff John C. Berkery, Sr., hereby files this civil Complaint against the above defendants, and alleges as follows:

1. All allegations made in this Complaint are based upon information and belief except those allegations which pertain to Plaintiff, which is based on personal knowledge. Each allegation in this Complaint either has evidentiary support or, pursuant to Rule 11(b)(3) of the Federal Rules of Civil Procedure, is likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.

NATURE OF THE ACTION

2. This is a consumer action for, *inter alia*, violations of federal law, Pennsylvania state law, and common law arising out violations of the Fair Debt Collection Practices Act, hereinafter "FDCPA", 15 U.S.C. §1692a, et seq. and the Pennsylvania Credit Extension Uniformity Act, hereinafter "FCEUA", 73 P.S. § 2270, et seq.,

JURISDICTION AND VENUE

3. Jurisdiction is proper in this Court pursuant to (a) 28 U.S.C. § 1331 because this matter involves violations of the Fair Debt Collection Practices Act, 15 U.S.C. § 1692a, *inter alia*, which grants this court authority to hear this action without regard to the amount in controversy. This Court may exercise supplemental jurisdiction under 28 U.S.C. § 1367 over the state law claims asserted herein.

4. Venue is proper in this judicial district pursuant to 28 U.S.C. §§ 1391(b)(2), (b)(3).

PARTIES

5. Plaintiff John C. Berkery, Sr. ("Berkery") is a citizen of the Commonwealth of Pennsylvania.. normally resident of Philadelphia county.

6. Professional Account Services, Inc. (a/k/a PASI) is a Tennessee corporation with a normal and ordinary place of business located at 7100 Commerce Way, Brentwood, TN 37027. PASI is 100% owned by Community Health Investment Company, LLC, a Delaware limited liability company.

7. Community Health Investment Company, LLC is a Delaware limited liability company 100% owned by CHS/Community Health Systems, Inc., a Delaware corporation.

8. CHS/Community Health Systems, Inc. is a Delaware corporation 100% owned by Community Health Systems, Inc., a Delaware corporation.

9. Community Health Systems, Inc., is a Delaware corporation which is a publicly traded corporation on the New York Stock Exchange.

10. Whenever in this Complaint reference is made to any act, deed or conduct of Defendants, the allegation means that Defendants engaged in the act, deed or conduct by or through one or more of their officers, directors, agents, employees or representatives who was actively engaged in the management, direction, control or transaction of the ordinary business and affairs of one or more of the Defendants.

11. Plaintiff is informed and believes, and based thereupon alleges, that at all times material hereto, each principal of the Defendant(s) was the agent, servant and/or employee of the Defendants, acted within the purpose, scope and course of said agency, service and/or employment and with the express and/or implied knowledge, permission and consent of the other Defendants, and ratified and approved the acts of the Defendants.

FACTUAL BACKGROUND

12. Defendant PASI is a collection agency which attempts to collect medical debt.

13. PASI is known for its aggressive collection attempts and has been the object of numerous lawsuits throughout the country, including an earlier suit six years ago by this same Plaintiff (10-cv-4123 USDCEDPA).

13. Plaintiff allegedly has or had some small contested bills with one Chestnut Hill Clinic Co., LLC.

14. Plaintiff, under the auspices of the FDCPA, notified PASI, both by mail and by phone as early as April, 2015, to cease and desist all contact with Plaintiff regarding their collection attempts on these or any other bills (Exhibit A).

15. PASI ignored said notice(s) and continued to aggressively bill Plaintiff for these

alleged bills by sending numerous dunning bills by mail: 4/6/15; 9/3/15; 12/29/15;1/5/16; 2/2/16, *inter alia*, (Exhibits B-F), and by phoning Plaintiff on numerous occasions up to the present..

16. PASI has ignored Plaintiff's notices and has incessantly continued its collection attempts in violation of Federal and Pennsylvania law. This action follows.

COUNT ONE: VIOLATION OF THE FAIR DEBT COLLECTION PRACTICES ACT,

17. Allegations One through Sixteen are incorporated herein by reference as if fully set forth.

18. The defendants violated 15 U.S.C. §1692d by phoning Plaintiff repeatedly, even after notice not to do so, and continuing to attempt to engage Plaintiff in conversation with the intent to annoy, abuse, and harass him.

19. In refusing to cease and desist from such annoying conduct after notice, the defendants also violated 15 U.S.C. §1692c.

20. Similarly, in continuing to contact Plaintiff by mail after notice, defendants violated 15 U.S.C. §1692g.

21. The defendants violated 15 U.S.C. §1692e(10) by using false representations or deceptive means to collect or attempt to collect any debt in an attempt to embarrass or humiliate plaintiff into paying defendants money that plaintiff was not legally responsible for.

22. Any or all of the foregoing actions of defendants would have been more than sufficient to overcome the will of the least sophisticated consumer to resist such tactics.

23. The defendants violated 15 U.S.C. §1692f in that their actions were an

unfair and/or unconscionable and malicious means to collect a debt for the reasons set forth above.

24. WHEREFORE, As a result of the above violations of the FDCPA, Plaintiff demands a declaratory judgment that the defendants' conduct violates the FDCPA, actual damages, statutory damages, and costs of suit as provided for in 15 U.S.C. §1692k.

**COUNT TWO: VIOLATION OF THE PENNSYLVANIA FAIR CREDIT
EXTENSION UNIFORMITY ACT**

25. Allegations One through Twenty-Four, inclusive, are incorporated herein by reference as if fully set forth.

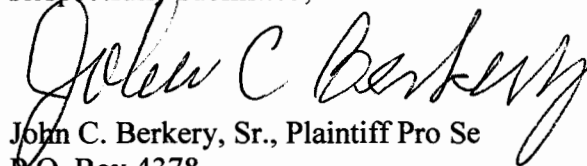
26. Through the conduct set forth above, defendants have violated the Pennsylvania Fair Credit Extension Uniformity act ("FCEUA"), 73 P.S. §2270, *et seq.*

27. The defendants' conduct violates 73 P.S. §2270.4(a) by violating the FDCPA.

28. Defendants' acts, as described above, were done intentionally with the purpose of coercing Plaintiff into paying a false debt or debts.

29. WHEREFORE, Plaintiff demands actual damages, statutory damages, and costs of suit as provided for in 73 P.S. §2270.5.

Respectfully submitted,



John C. Berkery, Sr., Plaintiff Pro Se
P.O. Box 4378

Chestnut Hill Station

Philadelphia, PA 19118

(215) 380-1939

law_fed.state@yahoo.com

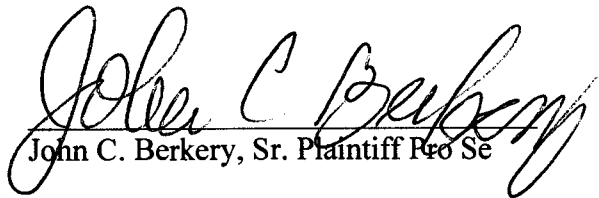
DATED: 2/19/16

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Complaint was served by me, through original process by the United States Marshals' Service, upon the following:

Professional Account Services, Inc.
7100 Commerce Way
Brentwood, TN 37027

Community Health Investment Company, LLC;
CHS/Community Health Systems, Inc.
Community Health Systems, Inc.
4000 Meridian Boulevard
Franklin, TN 37067


John C. Berkery, Sr. Plaintiff Pro Se

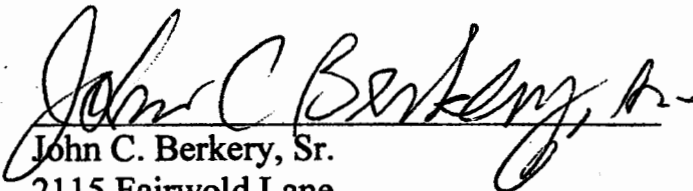
April 15, 2015

Professional Account Services, Inc.
7100 Commerce Way
Brentwood, TN 37027

Acct. #302883A1267 or any other accounts

To Whom It May Concern:

Again I find it necessary to send you an FDCP notice not to contact me in the future in any way on any account or accounts you hold from Chestnut Hill Hospital or any other client or alleged creditor. Failure to comply with this notice will expose you to legal action in a court of competent jurisdiction in Pennsylvania, just as it did when I had to sue you in Federal court in 2010. BE GUIDED ACCORDINGLY!


John C. Berkery, Sr.
2115 Fairwold Lane
Fort Washington, PA 19034

A



ONPASV02
PO Box 1022
Wixom MI 48393-1022
ADDRESS SERVICE REQUESTED

Pasi

Professional Account Services, Inc.
PO Box 68
Brentwood, TN 37024-0068
(615) 465-3992
Office Hours:
8 AM - 8 PM CST Mon and Tues
8 AM - 6:30 PM CST Weds and Thurs
8 AM - 5 PM CST Fri

101 561045515



John C Berkery
2115 Fairwold Ln
Fort Washington PA 19034-2907

ACCOUNT NUMBER:	302883A1267
PROVIDER	Chestnut Hill Clinic Company LLC
TOTAL DUE:	\$24.80



Visit us online
www.mypasiaccount.com

RE Chestnut Hill Clinic Company LLC

Your account has been placed with this collection agency for collection.

Please detach the bottom portion of this letter and include it with your payment in full or contact our office to discuss this account 1-800-353-1401.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor if different from the current creditor.

For questions please call 1-800-353-1401.

Date of Service: 12/23/14

Provider: Arati Karnik MD

Claim #
628524V1267

Patient
John C Berkery

Account Balance
\$24.80

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Si Habla' Español Y Necesita Traducción Llame' al 1-877-831-2971.

Please see reverse side for Important Information

Remit To: Professional Account Services • P.O. Box 68 • Brentwood, TN 37024-0068

807ONPASV02101



Visit us online
www.mypasiaccount.com



IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW		
CARD NUMBER	EXP. DATE	
SIGNATURE		Amount Enclosed
INVOICE DATE	TOTAL DUE	ACCOUNT NUMBER
April 6, 2015	\$24.80	302883A1267
PATIENT NAME John C Berkery		

You may pay your bill:



By Phone at (800) 353-1401



Online at www.mypasiaccount.com
Enter 3.101304.394 to create your online ID



By Mail at the Remit Address Below



By MoneyGram using biller code 9886
For locations visit www.moneygram.com

Professional Account Services, Inc.
Attn: PCU
PO Box 68
Brentwood, TN 37024-0068



0005207219 0101 0

B



ONPASV02
PO Box 1022
Wixom MI 48393-1022
ADDRESS SERVICE REQUESTED

Pasi

Professional Account Services, Inc.
PO Box 68
Brentwood, TN 37024-0068
(615) 465-3992
Office Hours:
8 AM - 8 PM CST Mon and Tues
8 AM - 6:30 PM CST Weds and Thurs
8 AM - 5 PM CST Fri

ACCOUNT NUMBER:	302883A1267
PROVIDER	Chestnut Hill Clinic Company LLC
TOTAL DUE:	\$139.28

101 675409546



John C Berkery
2115 Fairwold Ln
Fort Washington PA 19034-2907



Visit us online
www.mypasiaccount.com

RE: Chestnut Hill Clinic Company LLC

Your account has been placed with this collection agency for collection.

Please detach the bottom portion of this letter and include it with your payment in full or contact our office to discuss this account 1-800-353-1401.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor if different from the current creditor.

For questions please call 1-800-353-1401.

Date of Service: 06/04/15

Provider: Valerie Pendley MD

Claim #
667878V1267

Patient
John C Berkery

Account Balance
\$139.28

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Si Habla Español Y Necesita Traducción Llame al 1-877-831-2971.

Please see reverse side for Important Information

Remit To: Professional Account Services • P.O. Box 68 • Brentwood, TN 37024-0068

040NPASV02101



Visit us online
www.mypasiaccount.com



Cards

You may pay your bill:



By Phone at (800) 353-1401



Online at www.mypasiaccount.com
Enter 3.101304.394 to create your online ID



By Mail at the Remit Address Below



By MoneyGram using biller code 9886
For locations visit www.moneygram.com

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW		
CARD NUMBER	EXP. DATE	
SIGNATURE		Amount Enclosed
INVOICE DATE	TOTAL DUE	ACCOUNT NUMBER
September 3, 2015	\$139.28	302883A1267
PATIENT NAME John C Berkery		

Professional Account Services, Inc.

Attn: PCU

PO Box 68




Brentwood, TN 37024-0068



0005688389 0101 3

PO BOX 1022
WIXOM MI 48393-1022 0191
ADDRESS SERVICE REQUESTED

Filed: 02/24/16 Page 10 of 12

		
PATIENT NAME		
JOHN C BERKERY		
ACCOUNT #	STATEMENT DATE	AMOUNT PAID
6251242	12/15/15	\$
DUE DATE: 12/29/15		AMOUNT DUE: \$49.50



Save time and postage, pay your bill online:
www.chhealthsystem.com. To pay by phone, call: 888-225-7162

MAKE CHECKS PAYABLE AND REMIT TO:

94 6121980



JOHN C BERKERY
PO BOX 4378
PHILADELPHIA, PA 19118-8378

**CHESTNUT HILL HOSPITAL
PO BOX 504148
SAINT LOUIS MO 63150-4148**



019100006251242000000000000000000000000049502

☐ Please check box and make address or insurance changes on reverse side.

ACCOUNT NUMBER	DATES OF SERVICE	BALANCE
6251242	10/10/15-10/10/15	\$49.50

FINAL NOTICE

Dear MR. BERKERY:

Your account remains unpaid and has been referred to me for a collection decision.

Unless payment in full is received by the due date, your account will be placed with a collection agency and your account will become classified as a "bad debt" with this facility as well as subject to negative credit reporting with the credit reporting agencies.

To avoid this from happening, you must pay your balance in full by the due date. Please use our online bill pay for quicker credit for your payments.

If you have already paid this balance, please accept our sincere appreciation.

Respectfully,

Business Office Manager

ACCOUNT DETAIL

Service Description:	Other Outpatient Services
Total Charges	\$4,574.43
Insurance Payment	\$-76.93
Patient Payment	\$0.00
Adjustment	\$-4,448.00
Balance Due	\$49.50
Amount Due	\$49.50
Due Date	12/29/15



Are you or someone you know without health insurance?

Affordable health insurance options are now available! Call 215-248-8230 to learn more.

 <p>3 Ways to Pay!</p>	 <p>LOGIN</p> <p>www.chhealthsystem.com</p>
	 <p>SCAN</p> 
 <p>CALL 888-225-7162 AND CHOOSE OPTION 1 TO MAKE A PAYMENT</p>	

**If you have any questions or would like to pay by phone, please call:
888-225-7162**

Please send all mail correspondence to:

810 CSCH0191 94 E N

Brentwood, TN 37024-0188
(615) 465-3998Office Hours:
7 AM - 9 PM CST Monday - Thursday
7 AM - 7 PM CST Friday
8 AM - 4 PM CST SaturdayONPASV01
PO Box 1022
Wixom MI 48393-1022
ADDRESS SERVICE REQUESTED

Pasi

ACCOUNT NUMBER:	6251242-1913
PROVIDER	Chestnut Hill Healthcare
TOTAL DUE:	\$49.50

John C Berkery
PO Box 4378
Philadelphia PA 19118-8378Visit us online
www.pasionline.com

RE: Chestnut Hill Healthcare

Your account has been placed with this collection agency for collection.

Please detach the bottom portion of this letter and include it with your payment in full or contact our office to discuss this account 1-800-755-5152.

If we sent you this notice in error please contact our customer service department between the hours of 7:30 a.m. - 4:30 p.m. CST at 1-866-450-0044.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor if different from the current creditor.

For questions please call 1-800-755-5152 EXT 8500.

Account #
6251242-1913Patient
John C BerkeryDate of Svc
10/10/15Account Balance
\$49.50

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Si Habla Español Y Necesita Traducción Llame' at 1-800-755-5152.

Please see reverse side for Important Information

Remit To: Professional Account Services • P.O. Box 188 • Brentwood, TN 37024-0188

007ONPASV01105
19880670Visit us online
www.pasionline.com

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW		
CARD NUMBER	EXP. DATE	
SIGNATURE		Amount Enclosed
INVOICE DATE	TOTAL DUE	ACCOUNT NUMBER
January 5, 2016	\$49.50	6251242-1913
PATIENT NAME John C Berkery		

You may pay your bill:

Online at www.pasionline.com
Enter Zip Code: 19118
Enter PASI Account Number: 63179363

By Mail at the Remit Address Below

By MoneyGram using biller code 9116
For locations visit www.moneygram.com

By Phone at (800) 755-5152

Professional Account Services, Inc.
PO Box 188
Brentwood, TN 37024-0188

0063179363 0105 8

ONPASV02
PO Box 1022
Wixom MI 48393-1022
ADDRESS SERVICE REQUESTED

Pasi

Professional Account Services, Inc.
PO Box 68
Brentwood, TN 37024-0068
(615) 465-3992
Office Hours:
8 AM - 8 PM CST Mon and Tues
8 AM - 6:30 PM CST Weds and Thurs
8 AM - 5 PM CST Fri

ACCOUNT NUMBER:	302883A1267
PROVIDER	Chestnut Hill Clinic Company LLC
TOTAL DUE:	\$31.10



John C Berkery
2115 Fairwold Ln
Fort Washington PA 19034-2907



Visit us online
www.pasionline.com

RE: Chestnut Hill Clinic Company LLC

Your account has been placed with this collection agency for collection.

Please detach the bottom portion of this letter and include it with your payment in full or contact our office to discuss this account 1-800-353-1401.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor if different from the current creditor.

For questions please call 1-800-353-1401.

Patient
John C Berkery

Account Balance
\$31.10

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Si Habla Español Y Necesita Traducción Llame al 1-877-831-2971.

Please see reverse side for Important Information

If we sent you this notice in error please contact our customer service department at 888-945-5255.

Remit To: Professional Account Services • P.O. Box 68 • Brentwood, TN 37024-0068

840ONPASV02101
46594626



Visit us online
www.pasionline.com



Cards

You may pay your bill:



Online at www.pasionline.com
Enter Zip Code: 19034
Enter PASI Account Number: 6070662



By Mail at the Remit Address Below



By MoneyGram using biller code 9116
For locations visit www.moneygram.com



By Phone at (800) 353-1401

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW		
CARD NUMBER	EXP DATE	
SIGNATURE		Amount Enclosed
INVOICE DATE	TOTAL DUE	ACCOUNT NUMBER
February 2, 2016	\$31.10	302883A1267
PATIENT NAME John C Berkery		

Professional Account Services, Inc.
Attn: PCU
PO Box 68
Brentwood, TN 37024-0068



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F